pplication No. (if known): 10/085,783

Attorney Docket No.: 2002(204231)

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Request for Continued Examination Transmittal

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Fee Transmittal (1 page) x2

Amendment and Reply (16 pages)
Affidavit(s)/Declaration(s) (6 pages)

Sequence Listing (CRF) (2 copies)

Statement (2 pages) 2 Appendicies (A-B)

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| Under the Paperwork Reduction                                  | Act of 1995, no person are requir                                    | red to respond to a coll                | ection of in                    | formation unless it dis   | splays a valid O                      | MB control nu |
| Effective on 12/0<br>Fees pursuant to the Consolidated Appro   | Application Num  | т т                                     | nplete if Know<br>10/085,783-Co |                           |                                       |               |
| FEE TRANS  |  |   | February 28, 20                 |                           |                                       |               |
|  |  |   | Hongwei Zhang                   |                           |                                       |               |
| For FY 2   | First Named Inventor Hongwei Zhang  Examiner Name J. C. Switzer      |   |                                 | <u> </u>                  |                                       |               |
| X Applicant claims small entity sta                            | Art Unit 1634  |   |                                 |                           |                                       |               |
| TOTAL AMOUNT OF PAYMENT  |  |   |                                 |                           |                                       |               |
|  | (\$) 1,520.00  | Attorney Docket N                       | NO.                             | 2002(204231)              |                                       |               |
| METHOD OF PAYMENT (chec  | k all that apply)  |   |                                 |                           |                                       |               |
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| X Deposit Account Deposit Account                              | t Number: 04-1105  | Deposit A                               | ccount Nam                      | <sub>e:</sub> Edwards Ang | ell Palmer                            | & Dodge       |
| For the above-identified dep                                   | osit account, the Director is  | s hereby authorized                     | d to: (che                      | ck all that apply)        |                                       |               |
| x Charge fee(s) indicate                                       | ed below   | Charge                                  | fee(s) in                       | dicated below, ex         | cept for the                          | filing fee    |
| Charge any additiona fee(s) under 37 CFR                       | l fee(s) or underpayments o<br>1.16 and 1.17                         | f x Credit a                            | any overp                       | ayments                   |                                       |               |
| FEE CALCULATION  |  |   |                                 |                           |                                       |               |
| 1. BASIC FILING, SEARCH, AND                                   |  |   |                                 |                           |                                       | -             |
| F  |  | ARCH FEES                               | EXAMI                           | NATION FEES               |                                       |               |
| Application Type Fee   | Small Entity  S Fee (\$) Fee (\$                                     | Small Entity Fee (\$)                   | Fee (\$)                        | Small Entity<br>Fee (\$)  | Fees Pa                               | id (\$)       |
| Utility 310  |  | 255                                     | 210                             | 105                       |                                       | 147           |
| Design 210   | 105 100  | 50                                      | 130                             | 65                        |                                       |               |
| Plant 210  | 105 310  | 155                                     | 160                             | 80                        |                                       |               |
| Reissue 310  | ) 155 510  | 255                                     | 620                             | 310                       | · · · · · · · · · · · · · · · · · · · |               |
| Provisional 210  | 105 0  | 0                                       | 0                               | 0                         |                                       |               |
| 2. EXCESS CLAIM FEES   |  |   |                                 |                           | Sı                                    | mall Entity   |
| ee Description   |  |   |                                 |                           | <u>Fee (\$)</u>                       | Fee (\$)      |
| Each claim over 20 (including Reis                             | ,  |   |                                 |                           | 50                                    | 25            |
| Each independent claim over 3 (inc                             | luding Reissues)   |   |                                 |                           | 210                                   | 105           |
| Multiple dependent claims                                      |  |   |                                 |                           | 370                                   | 185           |
| Total Claims Extra Claims                                      |  | Paid (\$)                               |                                 | ultiple Depende           |                                       |               |
| - 20 = HP = highest number of total claims paid f              | x =<br>or, if greater than 20.                                       |   | <u>F.</u>                       | <u>ee (\$)</u> <u>F</u>   | ee Paid (\$)                          |               |
| Indep. Claims Extra Claims                                     |  | Paid (\$)                               |                                 |                           |                                       |               |
| -3=  | x =  |   |                                 |                           |                                       |               |
| HP = highest number of independent claim                       | is paid for, if greater than 3.                                      |   |                                 |                           |                                       |               |
| 3. APPLICATION SIZE FEE  |  |   |                                 |                           |                                       |               |
| If the specification and drawings (                            | exceed 100 sheets of paper   | (excluding electro                      | nically fi                      | led sequence or o         | computer                              |               |
| listings under 37 CFR 1.52(e)) sheets or fraction thereof. See | , the application size fee du  | ie is \$260 (\$130 fo<br>37 CEP 1 16(c) | or small e                      | ntity) for each ad        | Iditional 50                          |               |
| Total Sheets Extra Shee  |  | idditional 50 or fract                  | tion therec                     | of Fee (\$)               | Fee Pa                                | nid (\$)      |
|  | /50 =  |   |                                 |                           | :                                     |               |
| 4. OTHER FEE(S)  |  | , • • • • • • • • • • • • • • • • • • • |                                 |                           | Fees P                                | aid (\$)      |
| Non-English Specification, \$1:                                | 30 fee (no small entity disc   | ount)                                   |                                 |                           | <del></del> .                         |               |
| Other (e.g., late filing surcharge                             | <ol> <li>2255 Extension for res<br/>2801 Request for conf</li> </ol> | sponse within fift                      | th month                        | i) (coo 27                | 1,115                                 |               |
|  | 2001 Nequestion Con  | unueu examinati                         | טוו (תכב                        | .) (866.37                | 405                                   | .00           |

| SUBMITTED BY      | _   |         |          |                                      |        |           |                  |
|-------------------|-----|---------|----------|--------------------------------------|--------|-----------|------------------|
| Signature         | ans | Dellone | 54849 km | Registration No.<br>(Attorney/Agent) | 34,380 | Telephone | (617) 239-0451   |
| Name (Print/Type) |     |         |          |                                      |        | Date      | November 2, 2007 |